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SECTOR 56AB

PATENT Docket No. 304142000322

CERTIFICATE OF MAILING BY "FIRST CLASS MAIL"

hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope sed to: Assistant Commissioner for Patents, Washington, D.C. 20231, on November 1997.

Ausen Worldnige

Susan L. Wooldridge

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In the application of:

CHATTERJEE et al.

Serial No.:

08/836,455

Filing Date:

May 9, 1997

For:

MURINE MONOCLONAL ANTI-

IDIOTYPE ANTIBODY 11D10 AND

METHODS OF USE THEREOF

Examiner: Unassigned

Group Art Unit: Unassigned

TRANSMITTAL

RECEIVED

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MATRIX CUSTOMER SERVICE CENTER

Dear Sir:

Box MISSING PARTS

Washington, D.C. 20231

Assistant Commissioner for Patents

Enclosed please find the following:

- 1. Power of Attorney and Prosecution by Assignee Under 37 C.F.R. 33.71, dated 10/31/97;
- 2. Certificate Under 37 C.F.R. §3.73(b), dated 10/31/97;
- 3. Verified Statement (Declaration) Claiming Small Entity Status 37EC.F.R. §1.9(f) and §1.27(d) - Nonprofit Organization, date 10/31/97;
- 4. Return receipt postcard.

01 FC:105 EMILLIAN 2000 CH

The Assistant Commissioner is hereby authorized to charge any fees under 37 C.F.R. §§ 1.16, 1.17, and 1.21 that may be required by this transmittal, or to credit any overpayment, to Deposit Account No. 03-1952.

Respectfully submitted,

Dated: Nov. 12, 1997

By:

Catherine M. Polizzi Registration No. 40,130

Morrison & Foerster LLP

755 Page Mill Road
Palo Alto, California 94304-1018
Telephone: (650) 813-5651

Facsimile: (650) 494-0792

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Examiner: Unassigned

Group Art Unit: Unassigned

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REQUEST FOR REFUND

Assistant Commissioner for Patents Washington, D.C. 20231

Attention: Refund Section, Accounting Division Office of Finance

Dear Sir:

FC: 704

Repln. Ref: 09/28/1998 TDEY11 0015325500 DAH:031952 Name/Number:04836455:00 00

Name/Number: 036455 is an executed Verified Statement Claiming Small Entity Status

(37 C.F.R. § 1.9(f)), Petition for Suspension of Rules Pursuant to 37 C.F.R. §1.183 and return receipt postcard.

In accordance with 37 C.F.R. § 1.28, a refund of \$1,058.00 is requested from the \$2.116.00 fee for filing paid on May 9, 1997. Because this request is not made within two months of payment of the fee as required under the rules, a Petition for Suspension of Rules Pursuant to 37 C.F.R. §1.183 is included herewith.

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Susan L. Wooldridge

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In the application of:

CHATTERJEE et al.

Serial No.:

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Filing Date:

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For:

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METHODS OF USE THEREOF

Examiner: Unassigned

Group Art Unit: Unassigned

REQUEST FOR REFUND

Assistant Commissioner for Patents Washington, D.C. 20231

Attention: Refund Section, Accounting Division Office of Finance

Dear Sir:

Enclosed is an executed Verified Statement Claiming Small Entity Status (37 C.F.R. § 1.9(f)), Petition for Suspension of Rules Pursuant to 37 C.F.R. §1.183 and return receipt postcard.

In accordance with 37 C.F.R. § 1.28, a refund of \$1,058.00 is requested from the \$2.116.00 fee for filing paid on May 9, 1997. Because this request is not made within two months of payment of the fee as required under the rules, a Petition for Suspension of Rules Pursuant to 37 C.F.R. §1.183 is included herewith.

Please credit same to our Deposit Account No. 03-1952.

Respectfully submitted,

By:

Catherine M. Polizzi Registration No. 40,130

Morrison & Foerster LLP

755 Page Mill Road Palo Alto, California 94304-1018

Telephone: (650) 813-5651 Facsimile: (650) 494-0792

UNITED TATES PATENT & TRADEMAR DESTEAVAILABLE COPY Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND					
1 Date of Request: 111797 2 Serial/Patent # 08 836, 455					
3 Please refund the following fee(s):		4 PAI NUI	PER MBER	5 DATE FILED	6 AMOUNT
	Filing			5997	\$1,040
	Amendment				\$
	Extension of Time				\$
	Notice of Appeal/Appeal				\$
	Petition				\$
	Issue				\$
	Cert of Correction/Terminal Disc.				\$
	Maintenance				\$
	Assignment			·	\$
	Other				\$
		7 TOTAL AMOUNT OF REFUND			\$1,040
		8 TO BE REFUNDED BY:			
10 REASON:		Treasury Check			
4	Overpayment		c	redit Depo	osit A/C #:
	Duplicate Payment		9	3 1	952
	No Fee Due (Explanation):				
11 REFUND REQUESTED BY:					
TYPED/PRINTED NAME: Dina Chapman TITLE: 5 L I L					
SIGNATURE: 308-308/					
OFFICE:					
THIS SPACE RESERVED FOR FINANCE USE ONLY: APPROVED:					

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance Refund Branch Crystal Park One, Room 802B